

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. 0516766

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52	/					
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59	/					
10							60						
11							61						
12							62						
13							63						
14							64	/					
15							65						
16							66	/					
17							67						
18							68						
19							69						
20							70						
21	/						71	/					
22							72	/					
23							73						
24							74						
25							75	/					
26							76						
27	/						77						
28							78	/					
29							79	/					
30							80						
31							81	/					
32							82						
33	/						83						
34							84						
35							85						
36							86						
37							87						
38	/						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	19	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	63	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	82					

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